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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application / Conf. No.	09/649,437 / 6896
		Filing Date	August 23, 2000
		First Named Inventor	Bart Reynolds
		Examiner Name	Eduardo Garcia Otero
		Art Unit	2123
		Patent No.	
Total Number of Pages in This Submission		Attorney Docket Number	X-1770 US

ENCLOSURES <i>(check all that apply)</i>			
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary Amendment</li> <li><input checked="" type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavit(s)/declaration(s)</li> </ul> <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <li><input type="checkbox"/> Response to Missing            Parts under 37 CFR            1.52 or 1.53</li> </ul>	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; width: fit-content;">Statement Under 37 CFR 3.73(b)</div>	
		Remarks	
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Firm or Customer Number	24309 <i>(Customer Number)</i>		Reg. Number 37,652
Attn:	Kim Kanzaki		
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Date	June 22, 2004	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040	

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